PTO/SB/17 (12-04) PTO/SB/17 (1 U.S. Patent-and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FIFT AND MAY 1004			Complete if Known						
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) FEE TRANSMITTAL			Application Number 09/		09/662,168				
			Filing Date		September 14, 2000				
For FY 2005				First Named Inventor NOBUYUKI		NOBUYUKI NA	KAJIMA		
Applicant claims small entity status. See 37 C.F.R. 1.27				Examiner Name		Scott A. Rogers			
				Art Unit 2626 Attorney Docket No. 03500.014796					
TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No. 03500.014796 METHOD OF PAYMENT (check all that apply)									
	Credit Card		y Order	None	C Oth	er (please identi	·6.Δ·	一	
Check Deposit Account			L			· ·	Cella, Harper & Scinto		
Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: FIZPATCICK, Cella, Harper & SCINTO For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Charge fee(s) indicated below, except for the filing fee Credit any overpayments								ŀ	
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FEE CALCULATION	***	-				****			
1. BASIC FILING, SE	ARCH, AND E FILING FE			CH FEES	EXA	MINATION FEE:	S		
A Poster Torr	<u>Sm</u>	all Entity		Small Entity		Small Entity	Fees Paid (\$)		
Application Type Utility	Fee (\$) F	<u>ee (\$)</u> 150	Fee (\$ 500) <u>Fee(\$)</u> 250	Fee(\$		rees Falu (\$)	l l	
Design	200	100	100	50	130	65		- 1	
Plant Reissue	200 300	100 150	300 500	150 250	160 600			-	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee(\$) Fee(\$) 25 200 100 360 180									
Total Claims	Extra Clai	ms Fee (\$)	Fee Pa	id (\$)	Multipl	le Dependent Clai	<u>ms</u>		
10 - 20 or HP = 0 x 0 = 0 HP = highest number of total claims paid for, if greater than 20					<u>Fe</u>	<u>e(\$)</u> <u>F</u>	ee Paid (\$) 0		
Indep. Claims	Extra Cla	ims Fee(\$	1	Fee Paid (\$)					
4 - 3 or HP = 0 x 0 = 0 HP = highest number of independent claims paid for, if greater than 3									
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). 									
Total Sheets	Extra Sheets	<u>Numb</u>	er of each a	dditional 50 or f	raction there	of Fee (\$	Fee Paid (\$)	1	
- 100 =		/ 50 =		(round up	to a whole nu	mber) x	=		
4. OTHER FEE(S)							Fees Paid (\$)	ŀ	
	Non-English Specification, \$130 fee (no small entity discount)								
Other:									
			-						
SUBMITTED BY				1		<u> </u>	Talantas		
Signature	MX)	1.D			tration No. ney/Agent)	55,112	Telephone 202-530-1010		
Name (Print/Type)	Michael J. D)idas				-	Date: December 20, 2004	4	

PTO/SB/17 (12-04)

Date: December 20, 2004

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Effective of ANNAS 4. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)	Complete if Known								
FEE TRANSMITTAL	Application Number	09/662,168							
	Filing Date	September 14, 2000							
For FY 2005	First Named Inventor	NOBUYUKI NAKAJIMA							
Applicant claims small entity status. See 37 C.F.R. 1.27	Examiner Name Art Unit	Scott A. Rogers 2626							
TOTAL AMOUNT OF PAYMENT (\$) 0.00	Attorney Docket No.	03500.014796							
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto									
For the above-identified deposit account, the Director is hereby auth	orized to: (check all that apply	/)							
Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Charge fee(s) indicated below, except for the filing fee X Credit any overpayments									
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FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEAF	RCH FEES EXA	MINATION FEE	es						
Small Entity Application Type Fee (\$) Fee (\$) Fee (\$)	Small Entity	Small Entity	Food Daild (\$)						
			Fees Paid (\$)						
Utility 300 150 500 Design 200 100 100	250 200 50 130								
Plant 200 100 300									
Reissue 300 150 500	250 600	0 300							
EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more Each independent claim over 3 or, for Reissues, each independent Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Pa	nt claim more than in the		Small Entity Fee(\$) Fee(\$) 50 25 200 100 360 180 ims						
$\frac{10}{\text{HP = highest number of total claims paid for, if greater than 20}} \times \frac{0}{\text{IP = highest number of total claims paid for, if greater than 20}} = \frac{\text{Fee(\$)}}{0} \times \frac{\text{Fee Paid (\$)}}{0}$									
Indep. Claims Extra Claims Fee(\$)	Fee Paid (\$)		<u> </u>						
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<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each actual control of the second of the seco</u>	ditional 50 or fraction there		Fee Paid (\$)						
	(round up to a whole no								
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other:									
SUBMITTED BY									
Signature ADQ-A	Registration No. (Attorney/Agent)	55,112	Telephone 202-530-1010						

Name (Print/Type)

Michael J. Didas





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
4	:	Examiner: Scott A. Rogers
NOBUYUKI NAKAJIMA)	
	:	Group Art Unit: 2626
Application No.: 09/662,168)	
	:	Confirmation No.: 9753
Filed: September 14, 2000)	
	•	
For: IMAGE PROCESSING METHOD,)	December 20, 2004
APPARATUS, RECORDING MEDIUM	:	
AND CHART THEREFOR)	

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT AND RESPONSE TO EX PARTE QUAYLE ACTION

Sir:

In response to the Office Action mailed October 20, 2004, please amend the application as follows.